

Sponsor Verification Request Form

Mail or Fax to:

Division of Apprentice Training

P.O. Box 146759

19 Staniford Street, 1st Floor

Boston, MA 02114

Phone: (617) 626-5409

Fax: (617) 626-5427

Name of Company:

Address of Company:

City, State, Zip:

Telephone Number:

Contact Person:

Project Name:

City or Town Project is in:

Project Number (if applicable):

Bid Date:

Approved Trade(s):

If Union:

Name and address of Union:

Union Contact Person:

Union Phone #:

Please include a \$50.00 check or money order made out to the Commonwealth of Massachusetts when you mail in your request or when you are picking up your request. If you are faxing your request and having it mailed to you or your local, please send your \$50.00 check or money order immediately to the above mailing address. Future requests will not be honored if your account is not paid in full.

*** PLEASE ALLOW 5 TO 7 DAYS NOTICE FOR PROCESSING ***